

FRIENDS OF PARRIS ISLAND APPLICATION

Request the following "Friend of Parris Island" be authorized access to the installation in accordance with DepO 5512 Chapter 5.

Guest's Information:

Full Name:			
Address:			
State/Province:			
Zip/Postal Code:			
Phone#:		E-mail:	
Duration Requested:		Duration Granted:	
Full SSN:			
DOB:		DL# and State:	

MCRD PI G3 / SECURITY MANAGER
 P.O. Box 19300
 Parris Island, South Carolina
 29905
 Phone: 843-228-4174/3429/4091
FAX FORMS TO:
 Fax: 843-228-3708



Description:

Height/ Weight:		Hair/Eyes Color:	
Race:		Gender:	

Sponsor:

Organization:	
Name & Phone#:	
Sponsor Signature:	

This form **does not** authorize access for business purposes. A trade permit should be obtained per DepO 5512 Chapter 7 for that purpose.

Comments: If granted, this access pass will not be transferable and is authorized for access to Parris Island only. The applicant agrees to comply with Federal / DOD guidelines and to consent to a local records check. Acknowledgement of this form provides Parris Island permission to conduct a routine background check on the applicant. I certify that the information on this form is true and accurate to the best of my knowledge. If the vehicle pass is lost or stolen I will immediately report it to the Military Police Department at 843-228-2304.

Privacy Act Information: Authority Title 10, United States Code, Section 2012:

Principle Purpose: **The Purpose for requesting personal information, including social security number is to verify identification of the applicant and to assist civilian access onto Parris Island.**

Routine Use: **Information provided may be used to determine eligibility of applicants desiring access to Parris Island as well as for other lawful purposes including law enforcement and litigation. For other official purposes, information on this form may be provided to other law enforcement agencies.**

Disclosures: **Submitting requested information is voluntary , however, failure to provide information will result in access privileges being refused or withdrawn under this program. The Privacy Act Statement will apply throughout the duration of the access pass.**

**Requester:
Print, Sign, & Date:**

**Approved by
Security:
Print, Sign & Date:**